# Omar Lucio

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	iulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MSTMRS/MR FIRST  OMAR LUC  NICKNAME LAST	C i O SUFFIX	OFFICE USE ONLY  Date-Received  CAMERON COUNTY DEPARTMENT OF ELECTIONS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 29349 Respect		VOTER REGISTRATION  VO. 38 and AN 1 2 2017  RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	SAN BENITO, TEX AREA CODE PHONE NUMBER (956) 245- 9380	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  SAVICE  NICKNAME LAST	MI	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S  633 Rey 5410  BROWNSV; 11e, 7	now	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (95%)  203-752	EXTENSION	
9 REPORT TYPE	January 15 30th day before 3uly 15 8th day before el	- Later a limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 /28 /16	THROUGH	Day Year
11 ELECTION	Month Day Year Primary  11 / 8 / 1 C General	Runoff Other Description	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if know	· ·
		PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·	
14 C/OH NAME		15	Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITUOUS ACCEPTED OR POLITICAL EXPENDITUOUS MAY HAVE BEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS URES.	HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages	·		
		COMMITTEE CAMPAIGN TREASURER ADDRESS	÷.
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,065.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 4,065.00 \$ 760.08
	4. TOTAL	POLITICAL EXPENDITURES	\$3139.60
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D ORTING PERIOD	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	
18 AFFIDAVIT			
Notary State of My Cor	Jean Hawkins Public If Texas nm, Exp. 12-15-20	true and correct and includes all infor under Title 15, Election Code.	rjury, that the accompanying report is mation required to be reported by me
Notary	ID# 255876-1	Signature of Cand	idate or Officeholder
AFFIX NOTARY STAMI		by the said OMAA AUCIA	, this the
day of July	iH	to certify which, witness my hand and seal of office.	, und uno
Norma Des	es Hawk	in - NORMA JEAN HAWKINS	
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administering oath

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagnes/Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5	OMAR LUCIO		,
4 Date	5 Payee name		
10-29-16	hos Campelos R 7 Payee address; City; State; Zip Code	esTAUR	ent
6 Amount (\$)	7 Payee address; City; State; Zip Code		
	2500 N. EXPWAY		
250. 52	BROWNS VILLE, TEXAS	78520	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	,	Check if travel ou	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
Political	FUNCTION		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	OMAR WUCIO	Sherif	F Sheeiff
Date	Payee name		
11-5-16 Amount (\$)	FERMIN heal		
Amount (\$)	Payee address; City; State; Zip Code		
	505 Legion TRAIL		
500.00	LOS FRESNOS, TE	XAS 785	64
-	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	, TX, officeholder living expense
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	-unction-		
Complete ONLY if direct expenditure to benefit C/OF	Gandidate / Officeholder name	Office sought	Office held
,	OMAR Lucio	SheriF	F SheNFF
Date	Payee name		
11/8/6	SANDRA AGUAGO		
Amount (\$)	Payee address; City; State; Zip Code		
120 00	BROWNSVILLE, TEXA	5 78520	
v ====	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		· 🗀 ·	utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
	<b>-</b>		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OF	<del>Çandidate /</del> Officeholder name i	Office sought	Office held
Oxponditure to benefit 0/OF	OMAR LUCIO	SheriF	ShewIFF
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica	-		ever (out of District
Credit Card Payment			ner (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME	3 F	Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name	<del>'</del>	
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//- 2 - / L 6 Amount (\$)	7 Payee address; City; State; Zip Code	SI AIC	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
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PURPOSE OF			officeholder living expense
EXPENDITURE		Ollock it Austri, tX,	underload uving expense
- 11			
Adventis m	eny		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	omac hucio	SHERIFF	= SHERIFF
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Date	BROWNS VILLE HERA	41	
10-25-16 Amount (\$)	BROWNSVILLE VEXAS Payee address; City; State; Zip Code 1135 E. VAN BUREN		
Amount (\$)	Payee address; City; State; Zip Code		
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1400.00	BROWNS VILLE, TEXA	S 78520	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outside or	f Texas. Complete Schedule T.
OF		Check if Austin, TX,	officeholder living expense
EXPENDITURE			
Advertismen			
Complete ONLY if direct	Gandidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	4 2	_	
·	OMAR LUCIO	SheriFF	SheriFF-
Date	Payee name		
	•		
10-20-11	Cur Parisa		
10-28-16	GUS KeyNA		
Amount (\$)	Payee address; City; State; Zip Code		
ا	1875-DON QUIXOTE		
184	BROWNS VILLE TEXA	5 78521	
10'	Category (See Categories listed at the top of this schedule)	Description	
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PURPOSE OF			·
EXPENDITURE		Check if Austin, TX,	officeholder living expense
1. Reim	burse		
Political F	TUNCTION		
Complete ONLY if direct	Gandidate-/ Officeholder name	Office sought	Office held
expenditure to benefit C/OF		سيرسون و مراسر	SheRIFF
	OMAR Lucio	SheriFF	SHEELL
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDIII E AS NEEDE	ח

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politics	al Committee	Legal Services	•	Salaries/Wa	ages/Contract Labor	Other (ente	r a category not listed above)
Credit Card Payment		The Instruc	tion Guide expla	ins how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA	ME	140			3 Filer IE	) (Ethics Commission Filers)
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9 Complete ONLY if direct		Te7 Officehol	der name		Office sought		Office held
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		MAR	huci		Sheelt		SheriFF
	ATT	ACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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1 Total pages Schedule F1:	2 FILER NAME	<b>3</b> F	iler ID (Ethics Commission Filers)
5	OMAR Lucio		
4 Date	5 Payee name		
11-16-16	MARIO MARTINO	2	
6 Amount (\$)	MARIO MARTINO 7 Payee address; City; State; Zip Code		
10	213 URIBE PRVIC		
200 00	LOS FRESNOS, TEXA	45 78566	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel outside o	f Texas. Complete Schedule T.
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9 Complete ONLY if direct expenditure to benefit C/OF	Candidate/ Officeholder name	Office sought	Office held
experience to betterit O/OF	Omar Lucio	SheriFF	SheriFF
Date	Payee name		<del></del>
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Ámount (\$)	Payee address; City; State; Zlp Code		
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2 30	Category (See Categories listed at the top of this schedule)	Description	
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PURPOSE OF			officeholder living expense
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Reimburse-	-PulitiCA FUNCTION		
Complete ONLY if direct	<del>Candidate</del> / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	OMAR LUCIO	SheriFF	SHERIFF
Date	Payee name		
Date	. 2,00 (00)		
11-15-11	COMMUNITY IN	Caboal	
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150 XX PURPOSE OF	BROWNSVIlle, TEXA	Description  Check if travel outside o	f Texas. Complete Schedule T.
PURPOSE OF	BROWNSVILLE, TEXA Category (See Categories listed at the top of this schedule)	Description  Check if travel outside o	f Texas. Complete Schedule T. officeholder living expense
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PURPOSE OF EXPENDITURE	BROWNSVIILE, TEXA Category (See Categories listed at the top of this schedule)  ATION  Needy Chidren  Gandidate/ Officeholder name	Description Check if travel outside o	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	cal Committee Legal Services	Printing Expense Fravel in District  Printing Expense Travel Out Of District  Salaries/Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule F1:		ns how to complete this form.
4	OMAR Lucio	3 Filer ID (Ethics Commission File
4 Date	5 Payee name	
11-2-16	ļ -	
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8	(a) Category (See Categories listed at the top of this so	schedule) (b) Description
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OF		Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct	Candidate / Officeholder name	0.00
expenditure to benefit C/OF	u 🔨	
	OMAR Lucio	SheriFF SheriFF
Date	Payee name	
12/13/16	Payee address; City; State; Zi	UNT4
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20000	_	
LVU	BROWNSVIlle, TE	
}	Category (See Categories listed at the top of this so	Description
PURPOSE	l	Check if travel outside of Texas, Complete Schedule T.
OF EXPENDITURE	ľ	Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip	p Code
La proposition de la constantina della constanti	Category (See Categories listed at the top of this sol	chedule) Description
PURPOSE OF		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE		Check if Austin, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NEEDED

### POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

		14	Total pages Sche	dule A:
The	Instruction Guide explains how to complete this form	l•		·
mer state Arnson		3	ACCOUNT # (Et	nics Commission Filers)
FILER NAME	Gniar Lucio		T	8 In-kind contribution
Date	5 Full name of contributor		7 Amount of   contribution (\$)	description (if applicable)
	/Vette movie CANO		į	
	6 Contributor address; City; State; Zip Code		כנכת	
	2202 S, 23 Rd. ST.		5000	
48/11	HARLINGENITEXAS 70	8330	(If travel outside	of Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
Cillicipal occul	Salisity 555 dae (CCC www.			
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
			COMMIDMOON (4)	
•	Contributor address; City; State; Zip Code			
	l .	1		Į.
./ .	39 MAYORCA AVE		100	ar as severalete Schodule T
2/14	BROWNSVILLE, TEXAS 7	Employer (See I		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See II	listructiona)	
	The state DAC (IN)		Amount of	In-kind contribution
Date	Full name of contributor		contribution (\$)	description (if applicable)
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	Contributor address; City; State; Zip Code			į
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			(IF invest outside	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Principal occ	upation / Job title (See Instructions)  Full name of contributor	Employer (See		In-kind contribution
		Employer (See	Instructions) Amount of	In-kind contribution
		Employer (See	Instructions) Amount of	In-kind contribution
	Full name of contributor out-of-state PAC (ID#	Employer (See	Instructions) Amount of	In-kind contribution
	Full name of contributor out-of-state PAC (ID#	Employer (See	Amount of contribution (\$	In-kind contribution description (if applicable
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code	Employer (See	Amount of contribution (\$	In-kind contribution
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$	In-kind contribution description (if applicable l l l description (if applicable) l l description (if applicable)
Date Principal occ	Full name of contributor		Amount of contribution (\$ (if travel outside Instructions)	In-kind contribution description (if applicable) le of Texas, complete Schedule T)
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Date Principal occ	Full name of contributor		Amount of contribution (\$ (If travel outside contribution)  Amount of contribution (\$ (If travel outside contribution)	In-kind contribution description (if applicable) le of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

		<del></del>	
т	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:
2 FILER NAM	E	3 Filer ID (Ethics Commission Filers)	
O	MAR Lucio		·
<del>-</del> "			
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$.
5 Date	- 1 - 1 Value of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
	OSCAR SIERRA 7 Contributor address; City; State; Zip Coc 1010 MEXICO BIVL	 le	165.00 Decoration
1-1-17	2010 MEXICO 191VI		Check if travel outside of Texas. Complete Schedule T
10 Principal acc	BROWNSVIlle, JEXAS 785	20 44 Freelow	
	eupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 ⊨прюу	er (FOR NON-JUDICIAL)(See Instructions)
5her	principal occupation (FOR JUDICIAL)	40 0	starts into this (FOR HIDIOIAL) (One tenturalisms)
12 Contributors	Principal occupation (FOR JODICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u></u>	
Date	Full name of contributor	)	Amount of . In-kind contribution Contribution \$ . description
	ARAMARIC SERVICE		1,100 Food-
	Contributor address; City; State; Zip Co		Beverage
4 4 - 2 17	Contributor address; City; State; Zip Co. 25 25 Mekines 5T 5TE 60		Or of Viscol and the of Trans. Operation Colorada
1-1-17	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	1	Check if travel outside of Texas. Complete Schedule T
		Employ	er (FOR NON-JUDICIAL)(See Instructions)
کــــــــــــ	heriFF		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)  Law			π of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (If any) (FOR JUDICIAL)		
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		·········	
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Revised 9/8/2015

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
OMAR Lucio	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS \$.
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description  1, 700 ReNTA  HAI  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
5 he R 1 2 F 12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
	, , , , , , , , , , , , , , , , , , , ,
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor ☐ out-of-state PAC (ID#:	de HAII
1-1-17 BROWNSV: 11c, TEXAS 7852 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas. Complete Schedule T.  Employer (FOR NON-JUDICIAL)(See Instructions)
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Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
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ATTACH ADDITIONAL CODIES CE	THIS COVERNIL E AS MEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.